


In the Court of Appeals of the State of Alaska

Xeuy Sikeo,) Court of Appeals No. A-12779
)
Appellant,)
v.) **Notice of Intent**
) **to Appellant to**
) **Enter Judgment For Cost of**
State of Alaska,) **Appointed Attorney**
) **Appellate Rule 209(b)**
Appellee.)
) **Date of Notice: 6/26/19**

Trial Court Case # **3AN-12-07634CI**

Unless you or the prosecutor objects by **8/12/19** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your court-appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Sentence appeal or Petition for Sentence Review	\$ 250	\$ 500
Merit Appeal or Appeal from Post-Conviction Relief Proceedings	750	1,500



Ryan Montgomery-Sythe, Chief Deputy Clerk

Mailed to Appellant at: Goose Creek Correctional Center

Distribution:

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In the Court of Appeals of the State of Alaska

Xeuy Sikeo,

Appellant,

v.

State of Alaska,

Appellee.

Court of Appeals No. A-12779

Opposition to Entry of Judgment for Cost of Appointed Attorney

Trial Court Case # 3AN-12-07634CI

I oppose the entry of the proposed judgment against me for the cost of my court-appointed attorney for the following reason(s):

☐ My conviction was reversed on appeal.

☐ I filed a petition for hearing (case number S-____; conviction can still be reversed. Judgment should be stayed.

☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:

☐ Petition for Hearing

☐ Sentence Appeal

☐ Petition for Review

☐ Combined Merit/Sentence Appeal

☐ Petition for Sentence Review

☐ Merit Appeal

☐ Original Application

☐ Post-Conviction Relief Appeal

☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.

☐ I should be assessed less than the scheduled amount because my attorney spent only ____ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)

☐ Other _____

Appellant's Daytime Phone _____

Appellant's Signature _____

Date _____

Appellant's Mailing Address _____

City _____

State _____

Zip _____

Mailed to State's Attorney on: _____